

# Montana's Community First Choice State Plan Amendment Update



**CFC COUNCIL MEETING  
TUESDAY, JANUARY 21**

**NOTE: MATERIAL PRESENTED HEREIN IS  
SUBJECT TO CMS APPROVAL AND ADOPTION  
OF CFC ADMINISTRATIVE RULE**

# Status Update



- New Staff Hired- Micky Brown
- State Plan Amendment (SPA) Submitted December 2013
- Person-Centered Planning (PCP) work group meetings- December 2013 and ongoing
  - Develop draft PCP documents
- CFC Consumer Letter sent October 2013
  - Consumer may opt-out
- Levels of care are being conducted on all PAS consumers to determine eligibility for CFC- October present
  - Estimate 90-95% of PAS consumers qualify for CFC

# CFC Core Components



The following are fundamental to all CFC services:

- ❖ Functional Assessment
- ❖ Person Centered Planning Process (PCP)
- ❖ CFC Provider
- ❖ CFC Facilitator
  - ❖ Case Manager, when assigned
  - ❖ CFC Provider, when no case manager
- ❖ Consumer Choice and Control
- ❖ CFC Planner/Consumer Agreement

# CFC Eligibility



- Level of Care- Must meet LOC for nursing home or intermediate care facility for individuals with intellectual disabilities
  - Conducted by MPQH (for physically disabled, elderly and folks with serious disabling mental illness)
  - Conducted by DD Quality Improvement Specialist (for folks with developmental disabilities)
  - Reassessments are completed annually by the CFC Plan Facilitator during the **annual PCP meeting**
  
- Medicaid Eligibility
  - Conducted by OPA
  
- Functional Need for hands-on assistance
  - Conducted by MPQH through CFC Functional Assessment

# CFC Settings Eligibility



- CFC services will be provided in residential settings
  - Limited to those in which the State determines that the setting requirements outlined in 42.CFR 441.530 are met.
- The State has established CFC Residential Criteria to ensure compliance with this requirement. A setting is deemed “residential” for purposes of receiving CFC services when the following CFC Residential Criteria are met:
  - Consumer has choice of CFC providers in the setting;
  - Consumer has choice of CFC workers in the setting;
  - Consumer has choice of attendant schedule and skill-set in the setting;
  - Consumer has ability to plan and actively participate in setting their schedule with respect to eating, bathing and going to bed in the setting; and
  - A consumer residing in a non-owned group setting with more than four individual residents has the option of signing rent/lease agreement

# CFC Residential Settings



- ✦ CFC residential settings include individual homes, apartment buildings, retirement homes, and group living environments that meet the CFC Residential Criteria.
- ✦ CFC services are not available in any of the settings outlined in Section 1915(k)(1)(A)(ii) of the Act; nursing facility, institution for mental diseases, or an Intermediate Care Facility for Individuals with Intellectual Disability.
- ✦ In addition, CFC services are not available in developmental disability group homes, mental health group homes, adult foster homes and assisted living environments. These settings are explicitly excluded because they do not meet one or more of the criteria for CFC residential settings.

# CFC Functional Assessment



## CFC Functional Assessment

- Expanded version of the current Profile/Overview
- Conducted by MPQH nurses
- Includes an initial screen for level of care
- Conducted annually (similar to current PAS process)
  - ✦ Initial in the consumer's home
  - ✦ Annual in home or over phone
- Assess for ADL needs
- Assess for IADL needs
- Assess quality assurance indicators
- Ensure choice and education regarding service options
- Provide authorization for all CFC services
- Authorization provided in two-week spans
  - Tasks authorized and reported similar to current process

# CFC Service Options



- **Self-Direct CFC**

- Similar structure to current program
- Consumer responsible for hiring, firing, scheduling and training workers
- Consumer must pass capacity or have a representative pass capacity
- Consumer must have a health care professional sign-off on the CFC service plan

- **Agency-Based CFC**

- Similar structure to current program; with enhanced requirements for consumer-focus and options for consumer direction
  - ✦ Consumer has a say in the skill-set, training and preference for worker who delivers service
  - ✦ Consumer, or representative, sign the service delivery records
- Agency hire, trains, orients and schedules workers
- Agency provides nurse supervision of CFC services



# CFC Direct Care Worker Requirements



- **Self-Direct CFC Worker**

- Must meet the training criteria established by the consumer through the person-centered planning process
- Must meet any agency-specific criteria established by the agency
  - ✦ i.e.; background checks, health screen, etc.

- **Agency-Based CFC Worker**

- Must meet 16 hour training and/or pass certification process
- Must have 8-hours in-service training
  - ✦ In-service training subject preferences may be specified by the consumer
- Must meet any agency-specific criteria established by the agency
  - ✦ i.e.; background checks, health screen, etc.

# CFC Provider Requirements



- Must enroll through Montana's fiscal intermediary (Xerox) and provide documentation of the following:
  - Copy of the organization's form IRS-P575 or, if not available, the W-9;
  - CFC training certification documentation;
  - Unemployment and workers compensation insurance;
  - General liability insurance; and
  - Signed State's Medicaid Provider Enrollment Signature Page
- CFC Provider Training conducted by SLTC

# CFC Provider Enrollment



- Current PAS providers will be re-enrolled upon completion of the CFC training certification
  - All PAS provider are expected to complete CFC training certification and become CFC providers
- New providers will enroll under CFC/PAS enrollment criteria
  - Must meet all provider qualifications

# CFC Service Package



*The following services must be performed by a qualified direct care worker:*

- **Activities of Daily Living (ADL)**
  - Exactly same as current PAS program
  - Authorization will look the same on profile for each task
- **Instrumental Activities of Daily Living (IADL)**
  - Current services continue
    - ✦ Homemaker tasks
    - ✦ Laundry
    - ✦ Shopping
  - Additional Services include
    - ✦ Yard hazard removal
    - ✦ Correspondence assistant
    - ✦ Community Integration (Socialization)
      - Includes time for transit on community outings

# CFC Service Package Cont.



*The following services must be performed by a qualified direct care worker:*

- **Medical Escort**
  - Hands-on assistance to medical appointments
- **Health Maintenance Activities**
  - Same as current SDPAS program
- **Training, acquisition, and enhancement of skills necessary for the individual to accomplish activities of daily living and instrumental activities of daily living.**
  - Consumer must be physically and mentally capable of achieving greater independence by performing the tasks for him or herself.
  - Support is time-limited and available only when there is a reasonable expectation that the individual will acquire the skills necessary to perform the task at the end of a three month time period.

# CFC Service Package Continued



- **Mileage**
  - Reimbursement for mileage associated with medical escort and community integration
- **Emergency Back-Up**
  - Personal Emergency Response System (PERS), if necessary.

# Service Limits



- ADL, IADL, and health related task services are limited to 84 hours (336 units) of attendant services per two week period per individual.
- IADL tasks are authorized in conjunction with direct personal care services
- IADL may not exceed one-third of the total CFC hours authorized or a maximum of 10 hours (40 units) per two week period, whichever is less.
- Medical escort service can exceed this limit without prior authorization.
- Services under the category of skill acquisition, maintenance and enhancement are limited to a three-month time-frame and may not exceed 25 hours per three-month time frame.
  - Services exceeding this limit may be re-authorized by the Department if significant progress has been made or if medically necessary and there is a reasonable expectation of skill acquisition.

# CFC Service Planning- Plan Facilitator



- **CFC Plan Facilitator**

- Conduct an annual visit to develop/review the person-centered plan
  - ✦ Incorporate the CFC Functional Assessment
  - ✦ Complete the CFC Plan Facilitator/Consumer Agreement
  - ✦ Complete the CFC Service Plan
  - ✦ Coordinate meeting with CFC provider and others (as determined by consumer)
- Ongoing support when significant changes occur in the consumer's life related to their need for CFC services



# CFC Person Centered Plan



- CFC Person Centered Plan Form-document that includes consumer strengths, goals, and preferences
- CFC Service Form- includes the type of service to be provided, the amount, frequency and duration of each service
  - Becomes the Service Profile (i.e., authorization for services)
  - Based on a two-week time period
- PCP incorporates the MPQH Functional Assessment
- PCP includes risk assessment, when necessary, for CFC service delivery related issues
- CFC Plan Facilitator is responsible for facilitating the planning process and ensuring appropriate paperwork completed
  - Not responsible for completing tasks for the consumer
  - Not responsible for acting as a case manager (for CFC providers)

# CFC Planner Criteria



In order to comply with federal Conflict of Interest standards the following guidelines must be met:

- Must have at least one year experience in home and community based service delivery
- Must receive CFC Plan Facilitator Training
- In the case where the CFC Plan Facilitator is employed by the CFC Provider agency the following safeguards are in place:

# CFC Planner Criteria (continued)



## Safeguards when CFC Provider is Facilitator

- The CFC Plan Facilitator is not related by blood or marriage to the individual, or to any paid caregiver of the individual;
- The CFC Plan Facilitator is not financially responsible for the individual;
- The CFC Plan Facilitator has no authority to make financial or health-related decisions on behalf of the individual; and
- The CFC Plan Facilitator will not benefit financially from the provision of assessed needs and services.
- The CFC Plan Facilitator will not be employed as a CFC direct care worker at the CFC Provider Agency;
- The CFC Plan Facilitator will not have the authority to authorize CFC services; except on a temporary basis (not to exceed 28 days);
- The CFC Plan Facilitator will go through CFC Plan Facilitator training, which includes a section on conflict of interest standards of practice; and
- The CFC Plan Facilitator will not have a majority ownership stake in the CFC Provider agency.

# CFC Plan Facilitator Training



- **Case Manager Plan Facilitator**
  - Incorporate CFC components into pre-existing training curriculum
- **CFC Provider Plan Facilitator**
  - Require certification established by DPHHS
  - Still determining delivery method
- **Training Curriculum**
  - To be determined
  - Person-Centered Planning work group will develop parameters

# CFC Plan Facilitator/Consumer Agreement



- Establish role and responsibility of the facilitator and the consumer
  - Establish expectations for the relationship
  - Outline what is and isn't expected in the relationship
  - Currently the PCP work group is developing this form
- ❖ Important component of CFC quality assurance

# CFC Services-CFC Provider Role



- Attend annual CFC Person-Centered Plan meeting
  - Portions of plan pertinent to CFC service delivery (i.e. CFC Service Form)
- Conduct 180 day re-authorization visits
  - One of these visits should be combined with the annual CFC PCP meeting
  - Form and process has yet to be developed
- Provide appropriate oversight (self-direct) and nurse supervision (agency-based)
  - Similar to current program expectations
- Complete amendments, when necessary
  - Similar to current program expectations
- Initiate temporary authorizations
  - Propose extending to 28 day time period

# CFC Service Form



- CFC Service Form will document the consumer's plan for CFC direct care worker service delivery
  - Two week time period
  - Capture tasks and frequency
  - Flexibility to bank ADL and IADL time across two weeks
  - Cannot use IADL time for ADL tasks, vice versa
  - MPQH Functional Assessment provides framework for service delivery; however, consumer and CFC Plan Facilitator have discretion to develop the consumer service form according to consumer needs and preferences

# Service Plan Flexibility Example



- Consumer authorized 20 hours per week ADL and 4 hours IADL and has dressing, meal prep, med reminders, and exercise marked 7 days
  - ✦ The consumer can choose to receive 15 hours of ADL one week over 6 days and 5 hours of ADL the next week over 5 days
  - ✦ The consumer can choose to receive 8 hours of IADL one week and none the following week
    - Note: The CFC Plan Facilitator is responsible for ensuring consumer health and welfare issues are addressed in the plan
    - If consumer selects to receive services in a way that may put them at jeopardy for health and welfare the Plan Facilitator must complete the risk assessment process



# Quality Improvement (QI) Design



The CFC QI strategy includes the following components:

1) design; 2) discovery; 3) remediation; and 4) improvement.

- **Key Quality Areas:**

- Intake, Assessment, Person Centered Planning (PCP), Independence and Choice, Service Plan and Delivery, Health and Welfare, Consumer Experience, Provider Qualifications, and Fiscal Accountability

- **Key Players:** MPQH, CFC Plan Facilitator, CFC Provider, CFC Consumer, Family, Representative(s), CFC Steering Committee, CFC Council

- **Quality Assurance Staff:** SLTC, DD and SDMI

# Quality Assurance Areas/Indicator examples



- **Intake**
  - CFC enrollments meet level of care
  - CFC enrollments receive contact with a nurse assessor
  - CFC referrals screen eligible for CFC receive an in-home CFC functional assessment within 30 working days
- **Assessment**
  - CFC functional assessment include a complete assessment of ADL and IALD needs
  - CFC functional assessment include assessment of community integration
  - CFC consumers will receive an annual CFC functional assessment
- **Person-Centered Planning**
  - CFC consumers have a CFC Plan completed and signed by the consumer and CFC Plan Facilitator
  - CFC Plan will be reviewed and updated on at least an annual basis
  - Participant Rights and Responsibility form signed by CFC Plan Facilitator
  - CFC Plan Facilitator trained in PCP process

# QA Areas/Indicators cont.



- **Independence and Choice**
  - Consumer will be provided choice of CFC providers
  - Consumer will be provided choice of CFC service delivery model (agency-based and agency-with-choice)
  
- **Services delivered according to CFC service profile Health and Welfare**
  - Health, safety and service needs identified in the CFC functional assessment are identified and addressed in the CFC Plan
  - CFC Plan reviews for risks and has a plan for minimizing risks, when necessary
  - Critical incidents types are reported according to incident report policy
  - Agency-with-choice consumer service record includes a Consumer Agreement form signed by the consumer or a qualified representative
  - Agency-with-choice consumer service record includes a Health Care Professional Authorization form
  - Agency-based consumer service record includes authorization by a licensed nurse

# QA Areas/Indicators cont.



- **Service Plan/Delivery**
  - Consumer will have a CFC service record
  - CFC Service record includes consumer and provider signature
  - CFC service records are assessed at least every 6 months
- **Consumer Experience**
  - CFC provider administers annual consumer survey
  - CFC quality assessment indicators are collected during initial and annual CFC functional assessment
  - CFC quality assessment indicators are collected during consumer interviews
- **Provider Qualifications**
  - CFC Providers pass minimum qualifications prior to enrollment
  - CFC Providers of ADL/IADL services participate in CFC Provider training
  - CFC Plan Facilitators meet training requirements
- **Fiscal Accountability**
  - Services are billed according to service delivery record
  - Billed services are coded correctly
  - Services are billed at the correct rate

# Billing CFC Services



- ADL services will be billed under one procedure code
  - Plan to have same procedure code for CFC and non-CFC consumers
- IADL, Skill acquisition and training and medical escort services will be billed under unique procedure code
- Services billed by date of service
  - No span billing (bi-weekly or monthly)
- Separate rate for agency-based and self-direct services

# Reimbursement Methodology



- Department is evaluating the work requirements and expectations associated with CFC Plan facilitation and incorporating that into pre-existing rates
  - Case Management- CFC Plan facilitation will be incorporated into the pre-existing rate structure
  - CFC Provider- CFC Plan Facilitation will be incorporated into the CFC service rate
- CFC Services (all-inclusive rate)- 15 minute unit rate for direct service/oversight
  - Cost of CFC Plan Facilitation, Nurse Supervision, Program Oversight and meeting coordination incorporates into the daily service rate
- Mileage- Separate rate. Based on Medicaid transportation reimbursement

# Next Steps



- CFC Pilot implementation
- Continue work with CFC Council
- Continue work with PCP Work Group
- Develop CFC ARM
- Submit CFC ARM for public comment
  - Update PAS ARM to correlate with CFC ARM
- Develop CFC Policy Manual
- CFC Training
  - Plan Facilitator
  - CFC Provider
- CFC State Plan Approval
- CFC ARM incorporation
- CFC Implementation
- CFC Program Evaluation
- CFC Phase II considerations

# CFC Contact Information



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# Final Thoughts



- The CFC Program is ...



...Feel free to ask your questions....but our answer may be “we’re working on it”